

ALABAMA PRIOR REVIEW AND AUTHORIZATION REQUEST

(Required If Medicaid Provider) PMP ()

Requesting Provider

License # or Provider # _____

Phone () _____

Name _____

Recipient Medicaid Number _____
Name _____
Address _____
City/State/Zip _____

Rendering Provider Medicaid # _____

Phone () _____

Fax () _____

Name _____

Address _____

City/State/Zip _____

Date of EPSDT Screening CCYYMMDD _____ DOB _____

Date of Prescription CCYYMMDD _____

First Diagnosis _____ • _____ Ambulance Transport Code _____

Second Diagnosis _____ • _____ Ambulance Transport Reason Codes _____

PA Type _____ Patient Condition _____

(01) Durable Medical Equipment	(06) Physical Therapy	(12) Medical	(18) Inpatient Stay *
(02) Eyeglasses	(07) Speech Therapy	(13) Psychiatric*	(19) Other
(03) Home Health	(08) Private Duty Nursing	(15) Surgical	(20) Living at Home Waiver
(04) Transportation	(09) Ultrasound	(16) Oxygen	
(05) Occupational Therapy	(10) Targeted Case Mgt.	(17) Prosthetic Devices	

[illegible]

Clinical Statement: (Include Prognosis and Rehabilitation Potential) A current plan of treatment and progress notes, as to the necessity, effectiveness and goals of therapy services (PT, OT, RT, SP, Audiology, Psychotherapy, Oxygen Certifications, Home Health and Transportation) must be attached.

* If this PA is for Psychiatric or Inpatient stay, Procedure Code is not required.

Certification Statement: This is to certify that the requested service, equipment, or supply is medically indicated and is reasonable and necessary for the treatment of this patient and that a physician signed order is on file (if applicable). This form and any statement on my letterhead attached hereto has been completed by me, or by my employee reviewed by me. The foregoing information is true, accurate, and complete, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Signature of Requesting Provider _____

Date _____

FORWARD TO: EDS, P.O. Box 244036 Montgomery, Alabama 36124-4036